

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 15, 2009

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Pump & Pantry, 345 West 'O' Street requesting a class D liquor license.

This location was previously known as Gas N Shop which held a class D liquor license

Tana Witte has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Tana Witte was born in Kearney, Nebraska. She attended Kearney Catholic High School graduating in 1998.

Ms. Witte has been employed by Pump & Pantry since 2001.

The required training will be completed on October 8, 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE CHECKLIST

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Applicant Name Bosselman, Inc.

Trade Name Pump & Pantry #9 Previous Trade Name GNS Corporation

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

## REQUIRED ATTACHMENTS

Each item must be checked and included with application or marked N/A (not applicable)

☐ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. *ON FILE - SEE LETTER ATTACHED.*

☒ 2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.

☒ 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate - Form 3a; Limited Liability Form (LCC) – Form 3b. Corporate Form 3a and LLC Form 3b requires Corporate Manager application – Form 3c.

☒ 4. If building is being leased send a copy of the lease. Be sure it reads in the individual(s), corporate or LLC name being applied for. Also, the lease must extend through the license year being applied for. If building owned, send a copy of the deed or purchase agreement in appropriate name.

☒ 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in appropriate applicant's name.

☒ 6. If wishing to run on current liquor license enclose temporary agency agreement (**must be Commission form only, must include copy of signature card from the bank showing both the seller and buyers name on account**).

☒ 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

☐ 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

☐ 9. For individual, partnership and LLC enclose proof of citizenship; copy of birth certificate (certificate from the State where born, not hospital certificate), naturalization paper or passport, for all applicants, members and spouses. *ON FILE*

☒ 10. If corporation or LLC enclose a copy of articles as filed with the Secretary of States Office. This document must show barcode.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

*Rita Melcher*

Signature

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CONTROL COMMISSION

# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

45 days = 10/19/2009

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## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

<input type="checkbox"/>	A	BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B	BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C	BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input checked="" type="checkbox"/>	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

### MISCELLANEOUS

<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum bond
<input type="checkbox"/>	O	Boat	\$ 95.00	
<input type="checkbox"/>	V	Manufacturer	\$ 45.00(+license fee)	\$10,000 minimum bond
<input type="checkbox"/>	W	Wholesale Beer	\$545.00	\$5,000 minimum bond
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00	\$5,000 minimum bond
<input type="checkbox"/>	Y	Farm Winery	\$295.00	\$1,000 minimum bond
<input type="checkbox"/>	Z	Micro Distillery	\$295.00	\$1,000 minimum bond

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☒ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Rita Melcher Phone number: 308-381-2800

Firm Name Bosselman Energy, Inc.



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**PREMISE INFORMATION**

Trade Name (doing business as) Pump & Pantry #9 SEP 4 2009

Street Address #1 345 West "O" Street

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68522

Premise Telephone number 402-435-2022

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name Pump & Pantry #9

Street Address #1 P.O. Box 1567

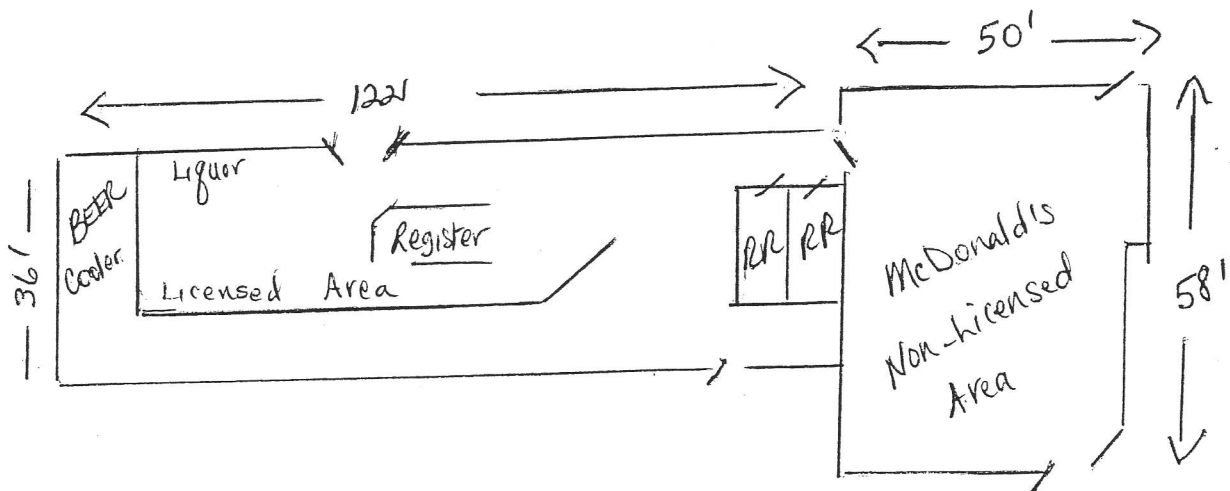
Street Address #2 3123 W. Stolley Park Rd.

City Grand Island County Hall Zip Code 68802

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

N  
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**APPLICANT INFORMATION**

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or pleaded guilty to any charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Fred A. Bosselman, 1st Offense DWI

February 1992, Grand Island, NE

**2. Are you buying the business and/or assets of a licensee?**

☒ YES ☐ NO

If yes, give name of business and license number GNS Corporation D66556

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

See Attached

**3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?**

☒ YES ☐ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

**4. Are you borrowing any money from any source to establish and/or operate the business?**

☐ YES ☒ NO

If yes, list the lender \_\_\_\_\_

**5. Will any person or entity other than applicant be entitled to a share of the profits of this business?**

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. \_\_\_\_\_

**6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?**

☐ YES ☒ NO

If yes, list such items and the owner. \_\_\_\_\_

**7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?**

☐ YES ☒ NO

If yes, explain. \_\_\_\_\_

**No silent partners**

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CONTROL COMMISSION

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Five Points Bank - Charles D. Bosselman, Fred A. Bosselman Beer Account Only - Tana Witte

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Attached

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. Tana Witte Manager - 50 hours

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. TAM Training

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date August 31, 2024

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? September 1, 2009

16. What will be the main nature of business? Convenience Store

17. What are the anticipated hours of operation? 6 a.m. - 11 p.m.

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
See Attached					

#11 Past and Present Liquor Licenses held in Nebraska by Officer/Director, Charles D. Bosselman:

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CONTROL COMMISSION

<u>Present Licenses</u>	<u>Location</u>	<u>License #</u>
Bosselman Truck Plaza	Grand Island	#E-7632
Bosselman's Elm Creek	Elm Creek	#E-12965
Pump & Pantry # 1	Grand Island	#D-35401
Pump & Pantry #2	Grand Island	#B-13150
Pump & Pantry #3	Grand Island	#B-13151
Pump & Pantry #4	Cairo	#B-13138
Pump & Pantry #5	Chapman	#DK-4469
Pump & Pantry #6	Grand Island	#B-13152
Pump & Pantry #7	Aurora	#B-12964
Pump & Pantry #8	Grand Island	#B-13153
Pump & Pantry #10	Grand Island	#B-13154
Pump & Pantry #11	Grand Island	#B-13155
Pump & Pantry #12	Chadron	#B-65332
Pump & Pantry #13	St. Paul	#B-14964
Pump & Pantry #14	Broken Bow	#B-13139
Pump & Pantry #15	Grand Island	#B-16782
Pump & Pantry #16	York	#D-51172
Pump & Pantry #17	Ord	#B13136
Pump & Pantry #18	Doniphan	#B-13137
Pump & Pantry #19	Ogallala	#D-12997
Pump & Pantry #20	O'Neill	#B-13474
Pump & Pantry #21	Lexington	#B-13010
Pump & Pantry #22	Burwell	#B-12976
Pump & Pantry #23	Holdrege	#D-39329
Pump & Pantry #24	Hastings	#B-23129
Pump & Pantry #26	Ainsworth	#B-16603
Pump & Pantry #27	Kearney	#D-25700
Pump & Pantry #28	Chappell	#D-61922
Pump & Pantry #29	Central City	#B- 58311
Pump & Pantry #30	Elm Creek	#B-18426
Pump & Pantry #31	North Loup	#D-19715
Pump & Pantry #32	Cozad	#D-20762
Pump & Pantry #33	Genoa	#D-39312
Pump & Pantry #34	Gordon	#B-21529
Pump & Pantry #35	Alma	#B-25682
Pump & Pantry #36	Rushville	#D-26615
Pump & Pantry #37	St. Libory	#D-32331
Pump & Pantry #38	Gretna	#D-35861
Pump & Pantry #39	North Platte	#B-66633
Pump & Pantry #40	Kearney	#B-79434
Pump & Pantry #41	Kearney	#B-79474
Pump & Pantry #42	Grand Island	#B-83476
Wood River Truck Plaza	Wood River	#E-13157
Bosselman Inc. of Big Springs	Big Springs	#B-75714
Sam Bass's Steakhouse & Saloon	Big Springs	#I-77009

Previous: B-12960

**Previous Licenses**

Pump & Pantry #9	Central City	#B-12966 - Closed Store
Pump & Pantry #12	Grand Island	#B-13156 - Closed Store
Pump & Pantry #29	Hastings	#B-16781 - Closed Store

**Out of State Licenses:**

**Bosselman, Inc. of South Dakota**

Bosselman Travel Center	Rapid City, SD	#RB-2981
Grandma Max's Restaurant	Sioux Falls, SD	#RB-3099

**Bosselman, Inc. of Kansas**

Bosselman Travel Center	Salina, KS	2462 - Cereal Malt Beverage
Bosselman Travel Center	Colby, KS	#2009-3 - Cereal Malt Beverage

**Bosselman, Inc. of Iowa**

Bosselman Travel Center	Altoona, IA	#BC0028280
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CONTROL COMMISSION**

18. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Charles D. Bosselman, Grand Island, NE	1976	Present	Janet K. Bosselman, Grand Island, NE	1976	Present
Fredrick A Bosselman, Grand Island, NE	1986	2000			
Fredrick A. Bosselman, Doniphan, NE	2000	Present			
Deanna L. Bosselman, Omaha, NE	1996	2001			
Deanna L. Bosselman, Doniphan, NE	2001	Present			
Charles (Charlie) Bosselman, Grand Island, NE	1992	Present	Laura Bosselman, Grand Island, NE	1992	Present

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NEBRASKA LIQUOR  
CONTROL COMMISSION

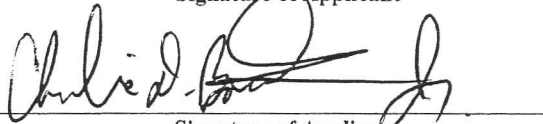
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

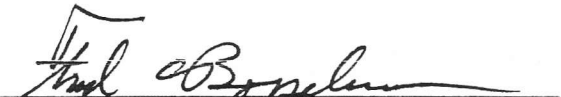
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.



Signature of Applicant



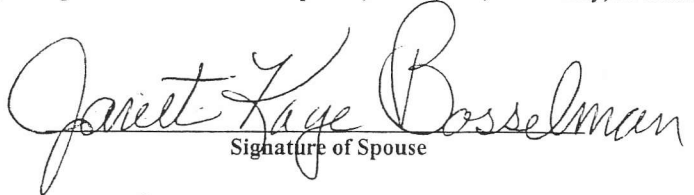
Signature of Applicant



Signature of Applicant

Signature of Applicant

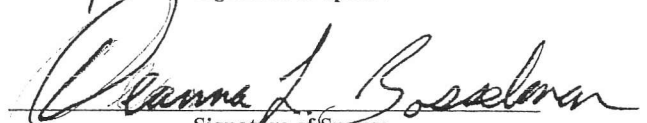
Signature of Applicant



Signature of Spouse



Signature of Spouse



Signature of Spouse

Signature of Spouse

Signature of Spouse

State of Nebraska

County of Hall

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this August 31, 2009 by

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by

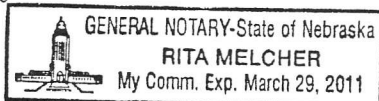
Charles D. Bosselman, Janet Kaye Bosselman, Fred L. Bosselman

Deanna L. Bosselman, Charlie D. Bosselman, Laura L. Bosselman

Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Charles D. (Charlie) Bosselman, Jr.

Name of Corporation that will hold license as listed on the Articles

Bosselman, Inc.

Corporation Address: 3123 W. Stolley Park Rd.

City: Grand Island State: NE Zip Code: 68801

Corporation Phone Number: 308-381-2800 Fax Number 308-382-4027

Total Number of Corporation Shares Issued: 324,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Bosselman First Name: Charles MI: D.

Home Address: 2605 Apache City: Grand Island

State: NE Zip Code: 68801 Home Phone Number: 308-382-6925

Charles D. Bosselman

Signature of president

State of Nebraska

County of Hall

The foregoing instrument was acknowledged before me this

8-31-09

date

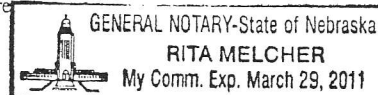
by Charles D. Bosselman

name of person acknowledged

Rita Melcher

Notary Public signature

Affix Seal Here





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List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Bosselman First Name: Charles "Chuck" MI: D.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President/Director Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Janet K. Bosselman

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Bosselman First Name: Janet MI: K.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Secretary Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Charles "Chuck" D. Bosselman

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Bosselman First Name: Fred MI: A.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Vice President/Director Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Deanna Bosselman

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: Bosselman First Name: Charles "Charlie" MI: D.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Director/Chief Operations Officer Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Laura Bosselman

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: BFH, Inc. First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Federal ID

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Stockholder Number of Shares 324,000

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

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CONTROL COMMISSION

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January 1 Ending Date: December 31

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Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

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## TEMPORARY AGENCY AGREEMENT

ID# \_\_\_\_\_

1. On September 3, 2009, Git'N Split, Seller and Buyer entered into a contract for sale of the business known as Git'N Split, which contract is contingent upon Buyer's approval for a liquor license to operate the business.
2. Seller and Buyer agree to allow Buyer to operate the business, subject to approval by the Liquor Control Commission, for a period not to exceed 120 days subsequent to September 3, 2009, the date of filing the application with the Liquor Control Commission.
3. Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;
4. Buyer will at all times be the agent of the Seller, but Buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when Buyer is acting as Seller's agent; it is specifically understood that Seller shall have no liability for the operation of the business during this period of time, and Buyer agrees to indemnify and hold Seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the Seller and Seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as Seller's license is canceled;
5. At time of closing, certain funds will be held in escrow pending issuance of the license.
6. **Financial Institution: Name, Address, Account number of where escrow account is being held - Send Copy Of Signature Card.**  
Five Points Bank, P.O. Box 1507, Grand Island, NE 68802-1507  
Account
7. All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the Buyer shall receive no profits from the operation of the business until the liquor license has been issued to Buyer, but shall have the right to direct the investment of profit funds by escrow agent.
8. This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.
9. It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.

Signature of Seller [Signature]Signature of Seller [Signature]Signature of Buyer [Signature]Signature of Buyer [Signature]Dated this 26 day of August, 2009.

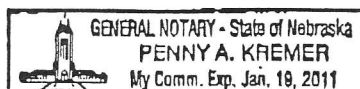
STATE OF NEBRASKA )

COUNTY OF )

The above and foregoing Agency Agreement was acknowledged before me this 26<sup>th</sup> day of August, 2009, by LARRY M. COFFEY, as Seller, \_\_\_\_\_ as Seller.

The above and foregoing Agency Agreement was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_ as Buyer, \_\_\_\_\_ as Buyer.

Signature &amp; Seal of Notary Public

Penny A. Kremer

FIVE POINTS BANK  
2015 N. BROADWELL AVE  
GRAND ISLAND, NEBRASKA 68803

**OWNERSHIP OF ACCOUNT - PERSONAL (Select One and Initial):**

- ☐ Single-Party Account ☐ Trust-Separate Agreement  
☐ Multiple-Party Account  
☐ Other

**RIGHTS AT DEATH (Select One And Initial):**

- ☐ Single-Party Account  
☐ Multiple-Party Account With Right of Survivorship  
☐ Multiple-Party Account Without Right of Survivorship  
☐ Single-Party Account With Pay On Death  
☐ Multiple-Party Account With Right of Survivorship and Pay On Death

PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:

**OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE**

- ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP  
☒ CORPORATION: ☐ FOR PROFIT ☐ NOT FOR PROFIT  
☐ LIMITED LIABILITY COMPANY

BUSINESS:

COUNTY & STATE  
OF ORGANIZATION:

AUTHORIZATION DATED:

DATE OPENED 08/25/2009 BY Karla Fandry

INITIAL DEPOSIT \$ 0.00

☐ CASH ☐ CHECK ☐

HOME TELEPHONE #

BUSINESS PHONE #

DRIVER'S LICENSE #

E-MAIL rgolka@bosselmanmail.com

EMPLOYER

MOTHER'S MAIDEN NAME

Name and address of someone who will always know your location:

**BACKUP WITHHOLDING CERTIFICATIONS**

TIN

☒ TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

☒ BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X Charles D Bosselman 8-31-09  
BOSSELMAN INC (Date)

ACCOUNT NUMBER

PORTFOLIO NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS

BOSSELMAN INC  
PUMP & PANTRY #9  
LIQUOR ESCROW ACCOUNT  
PO BOX 1567  
GRAND ISLAND, NE 68802-1567

TYPE OF ACCOUNT  
☒ NEW ☐ EXISTING  
☒ CHECKING ☐ SAVINGS  
☐ MONEY MARKET ☐ CERTIFICATE OF DEPOSIT  
☐ NOW  
Account Name: Business Checking  
☐ This is a Temporary account agreement.

Number of signatures required for withdrawal 1  
FACSIMILE SIGNATURE(S) ALLOWED? ☐ YES ☒ NO

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

- ☒ Deposit Account ☒ Funds Availability ☐ Truth in Savings  
☒ Electronic Fund Transfers ☒ Privacy ☐ Substitute Checks

(1):

X Charles D Bosselman  
CHARLES D BOSSELMAN

I.D.

D.O.B.

(2):

X Larry W. Coffey  
LARRY COFFEY

I.D. #

D.O.B.

(3):

X

I.D. #

D.O.B.

(4):

X

I.D. #

D.O.B.

AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:

(Select One and Initial):

- ☐ Agency Designation Survives Disability or Incapacity of Parties  
☐ Agency Designation Terminates on Disability or Incapacity of Parties

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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SEP 4 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Bosselman Inc

**Premise information**

Premise License Number: \_\_\_\_\_

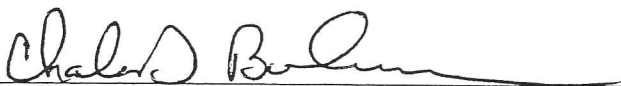
Premise Trade Name/DBA: Pump & Pantry #9

Premise Street Address: 345 W "O" Street

City: Lincoln State: NE Zip Code: 68522

Premise Phone Number: 402-435-2022

**The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.**



CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



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Manager's information must be completed below PLEASE PRINT CLEARLY

SEP 4 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

Gender: ☐ MALE ☒ FEMALE

Last Name: Witte First Name: Tana MI: R

Home Address (include PO Box if applicable): 2617 SW 17th St

City: Lincoln State: NE Zip Code: 68522

Home Phone Number: 402-499-9225 Business Phone Number: 308-390-1435

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: Kearney NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES ☒ NO

Spouse's information

Spouses Last Name: First Name: MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth:

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS									
APPLICANT			SPOUSE						
CITY & STATE		YEAR FROM	TO	CITY & STATE		YEAR FROM	TO		
Lincoln NE		2006	Pres						
Omaha NE		2005	2006						
Kearney NE		2000	2005						
Emporia KS		2000	2000						
Kearney NE		1980	2000						
MANAGER'S LAST TWO EMPLOYERS									
YEAR FROM		TO		NAME OF EMPLOYER		NAME OF SUPERVISOR		TELEPHONE NUMBER	
2000		2006		Bosselman Inc		Wayne Davis		1-800-658-4477	
1999		2000		Vista Inc		-----		out of business	

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

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SEP 4 2009

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY** **NEBRASKA LIQUOR CONTROL COMMISSION**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

Pump & Pantry #27, #38, #24, #7, #5, #29, #13, #37

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO



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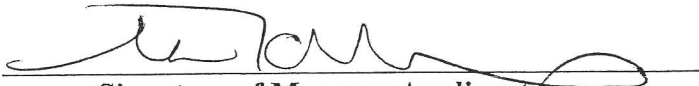
NEBRASKA LIQUOR  
CONTROL COMMISSION

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant

\_\_\_\_\_  
Signature of Spouse

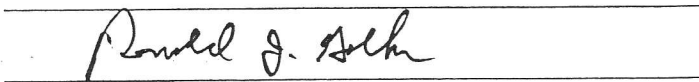
State of Nebraska

County of Hall

County of \_\_\_\_\_

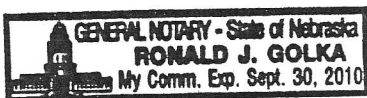
The foregoing instrument was acknowledged before  
me this 8/28/09 by

The foregoing instrument was acknowledged before  
me this \_\_\_\_\_ by

  
Notary Public signature

\_\_\_\_\_  
Notary Public signature

Affix Seal Here



Affix Seal Here

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SEP 4 2009

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

JAN 30 1995

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER, DIRECTOR  
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA—DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF LIVE BIRTH

126— 80 01

CHILD—NAME FIRST MIDDLE LAST Tana Ryan Witte			SEX 2. Female	DATE OF BIRTH (Month, Day, Year) 3a.		HOUR 3b. 2:09a M
HOSPITAL—NAME (If not in hospital, give street and number) 4a. Good Samaritan Hospital			INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Kearney		COUNTY OF BIRTH 4d. Buffalo
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) <i>J. D. Brooke</i>			DATE SIGNED (Month, Day, Year) 5b. 1-19-80		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.	
CERTIFIER—NAME AND TITLE (Type or print) 6a. J. D. Brooke, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 211 W 33rd, Kearney, NB 68847			
REGISTRAR—SIGNATURE 7a. <i>Quetta Neal</i>			DATE RECEIVED BY REGISTRAR MONTH DAY YEAR 7b. 1-21-80			
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 8a. Judy Kay Theiler			AGE (At time of this birth) 8b. 23	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. North Platte, Nebraska		
RESIDENCE—STATE 9a. Nebraska	COUNTY 9b. Buffalo	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Kearney 68847	INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes	STREET AND NUMBER 9e. 3703 Ave G		
MOTHER'S MAILING ADDRESS—Enter if not same as residence						
FATHER—NAME FIRST MIDDLE LAST 11a. Clinton Paul Witte			AGE (At time of this birth) 11b. 30	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Fremont, Nebraska		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant) 12a. <i>Judy Kay Witte</i>			RELATION TO CHILD 12b. Mother			